FAMILY MEDICINE IN TODAY'S ERA OF SPECIALIZATION

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Today, we live in the age of specialization, subspecialization and super-specialization. This has led to the debate on the need to redefine the future role and Family Physicians. The role of Family Physicians has become questionable to some, who regard them as a relic of the past¹. This is despite the fact that patient present with problems that transgress specialty boundaries².

This ongoing debate has led to the frustration and low morale among Family Physicians who unnecessarily feel undervalued and dissatisfied with their job³. Contrary to above argument, the role of Family Physicians has become indispensable today, in view of the unprecedented super-specialization that is taking place in medicine. Recognition exists at the international level that good primary health care is of fundamental importance to the maintenance and improvement of health⁴.

"Family Medicine is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity and a clinical specialty orientated to primary care⁵." Those who question the value of Family Practice, are perhaps not aware of the developments that are taking place in medical practice today.

Family Medicine in the west, evolved from the apothecaries in the eighteenth century, who dispensed and sold drugs. Twentieth century specialization has led to the fragmentation of the medical profession, with the result that the doctorpatient relationship has rapidly deteriorated⁶. Family Medicine, by virtue of its inherent emphasis on a strong doctor-patient relationship, can help restore confidence of the public in the medical profession.

As the age of specialization reaches its culmination, we desperately need trained and qualified Family Physicians, with a definite role and a defined set of skills⁶. This will help bring about union across fragmented medical care today.

The commitment to patients and the continuity of care are the essential elements of good family practice. It is necessary for the Family Physician to understand

the context of a patient's illness. They are actively involved in patient education, health maintenance and disease prevention⁶. These qualities make a Family Physician an essential and mandatory part of health care anywhere in the world today.

The hallmark of Family Medicine is the holistic approach towards patient care. In family practice, "population at risk", are looked at, rather than "a patient" as a single entity. Family Physicians share the same habitat as their patients and consider themselves as a part of a health system⁶. These indispensable qualities offer a unique position to Family Physicians in today's medical practice.

Family Physicians follow a Bio-psycho-social model of medical practice and giving importance to subjective aspects of medicine⁶. It would be unrealistic to expect a super specialist to follow such a model of practice, thereby allowing Family Physician to play a major role in the overall health care of the patients.

The front line position of Family Physicians offers them a unique position to act as resource managers⁶. The cost of health care increases with specialization and technological advancement⁷. Cost curtailment is an important issue for policy makers today, rendering the role of Family Physician indispensable.

Today, specialists in Family Medicine as well as other disciplines are mandatory for health delivery. There is no reason for Family Physicians to suffer from low morale. It is imperative for them to continue to improve their skills and knowledge, since Family Medicine is a difficult and a challenging specialty.

In today's world of specialization, the presence of Family Physicians has become mandatory for the success of any health care delivery system, as much if not more than other specialist colleagues. Given the complex situation of medical practice today, indeed it is no small privilege to be a Family Physician.

REFERENCES

 Reid C, Lamb A, Harden R and Fleetcroft R. Are generalists still needed in a specialized world? BMJ. 2000; 320:1728

- 2. Carnall D. Specialists and generalists. BMJ. 2000;320:388
- 3. Lakhani M. Should general practitioners be called consultants? BMJ. 2003;326:S160
- Watkins CJ. Health care, health promotion and the future General Practice. BMJ. 1995;310:1016-1017
- Wonca Europe. The European definition of general practice/family medicine. www.euract.org/ pap041.html (accessed 9 Apr 2003).
- Ian R. McWhinney. A textbook of Family Medicine. Second edition. New York, USA. Oxford University Press; 1997. p. 4-15

7. Loefler IJP. The renaissance of general surgery. BMJ. 2000;320:436-440

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